

DATE: 9/18/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00143399

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, LA. 70054-0009
504-364-2678

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
JTRUELOVE

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

45 days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

45 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

90 days

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 39034

***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME:

D.L. DAIGLE & Co., LLC

SIGNATURE:

(Must be signed here)

D.L. Daigle

TITLE:

member

PRINT OR TYPE NAME:

D.L. DAIGLE

ADDRESS:

2233 Piedmont Street

CITY, STATE:

Kenner, LA

ZIP:

70062

TELEPHONE:

(504) 466-3515

FAX:

(504) 466-3315

EMAIL ADDRESS:

Lyle.RDCONST@gmail.com

TOTAL PRICE OF ALL BID ITEMS: \$ 63,400.⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00143399

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Provide and Install Twenty (20) New Pre-fabricated Landscape Planters, Concrete Foundations and Landscape Materials for the Jefferson Parish Department of Streets, Carol Sue Avenue Phase IA</p> <p>0010 Carol Sue Phase IA - Landscape Planters</p> <p>Bid to cover all labor, materials, freight and necessary essentials to provide and install twenty (20) new prefabricated landscape planters, concrete foundations and landscape materials, as per the associated plans, located on the center median of Carol Sue Avenue from Heritage Avenue to Wright Avenue in Terrytown, LA 70056.</p> <p>Point of contact: Bryan Parks 504.349.5177</p>	\$ 63,400.-	\$ 63,400.-

CERTIFICATION OF AUTHORITY

Pursuant to the requirements of L.S.A. R.S. 38:2212-0, the undersigned does certify that he/she is the manager/CEO of

D. L. Daigle & Co., LLC and that D. L. Daigle

is duly authorized to submit bids and to execute contracts with all public entities.

THUS DONE AND SIGNED this 25th day of September, 2023 at Ponchatoula, LA.


MANAGER/CEO



For use by a LLC in lieu of a Corporate Resolution



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/11/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stone Insurance, Inc. 111 Veterans Blvd, Suite 1420 Metairie LA 70005-3055	CONTACT NAME: Janet Jimenez PHONE (A/C, No, Ext): (504) 832-4161 E-MAIL ADDRESS: jan.jimenez@stone-insurance.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Insurance Co. NAIC # 24082 INSURER B: American Fire and Casualty Co. 24066 INSURER C: Ohio Casualty Insurance Co. 24074 INSURER D: Silver Oak Casualty, Inc. 26869 INSURER E: INSURER F:
INSURED D. L. Daigle & Co. LLC 2233 Piedmont Street Kenner LA 70062	

COVERAGES**CERTIFICATE NUMBER:** 23/24**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BKS(24)62848999	03/27/2023	03/27/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAA(24)62848999	03/27/2023	03/27/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			USO(24)62848999	03/27/2023	03/27/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y N/A			SVWCLA3168922023	03/27/2023	03/27/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Installation Floater			BKS(24)62848999	03/27/2023	03/27/2024	Any One Location 100,000 Transit 5,000 Deductible 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Blanket Additional Insured for ongoing and completed operations with Primary/Non-Contributory wording, Waiver of Subrogation, Per Project Aggregate coverages in General Liability and Blanket Additional Insured and Waiver of Subrogation in Auto- if required by written contract. Blanket Waiver of Subrogation in Workers Compensation-if required by contract.

CERTIFICATE HOLDER**CANCELLATION**

The Parish of Jefferson *** 200 Derbigny Street Gretna LA 70053	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AGENCY CUSTOMER ID: 00012496

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Stone Insurance, Inc.		NAMED INSURED D. L. Daigle & Co. LLC	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS, AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL IS ADDITIONAL INSURED IN GENERAL LIABILITY AND AUTOMOBILE LIABILITY WHERE REQUIRED BY WRITTEN CONTRACT.